PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patient and Trademark Office; U.S. Department of the Paragraph of the

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/627,180			ling Date 25/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR	<del></del>	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A	.ED INON	N/A		N/A	FEL (a)		N/A	FEL (#)
┝	(37 CFR 1.16(a), (b), s SEARCH FEF	or (c))							ł		
片	(37 CFR 1.16(k), (i), c		N/A	-	N/A		N/A			N/A	ļ
TO	EXAMINATION FE (37 CFR 1.16(a), (p), ( TAL CLAIMS		N/A		N/A		N/A			N/A	
(37	CFR 1.16(i))		minus 20 = *			J	x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *			1	x \$ =			x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ets of pape 250 (\$125 tional 50 s	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* 16 1	the difference in colu	umn 1 is less than	r "0" in column 2.		TOTAL		]	TOTAL			
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
AMENDMENT	04/30/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
₹	Total (37 CFR 1.18())	• 22	Minus	·· 27	= 0	]	X \$26 =	0	OR	x s =	
١	Independent (37 CFR 1.16(h))	• 1	Minus	***3	= 0	1	X \$110 =	0	OR	x s =	
Ę.	Application Size Fee (37 CFR 1.16(s))										
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
Γ							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)			·			
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus	**	=	1	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***		1	x \$ =		OR	x s =	
Z I	Application Size Fee (37 CFR 1.16(s))					1			]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the ontry in column 2, write 0" in column 3.  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30, enter "20".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CER 1.16. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS